

# Determining Student Eligibility for Meal Benefits (Traditional)

Maine Department of Education  
Child Nutrition Programs

# Traditional/CEP/SP2

	Traditional	CEP	Special Provision II
<b>Qualification</b>	Any District	Any school/district with 40% + enrolled students on DC	Any District
<b>F/R Meal Benefit Application</b>	Yes, each year	No	Yes, first year No, year 2-4

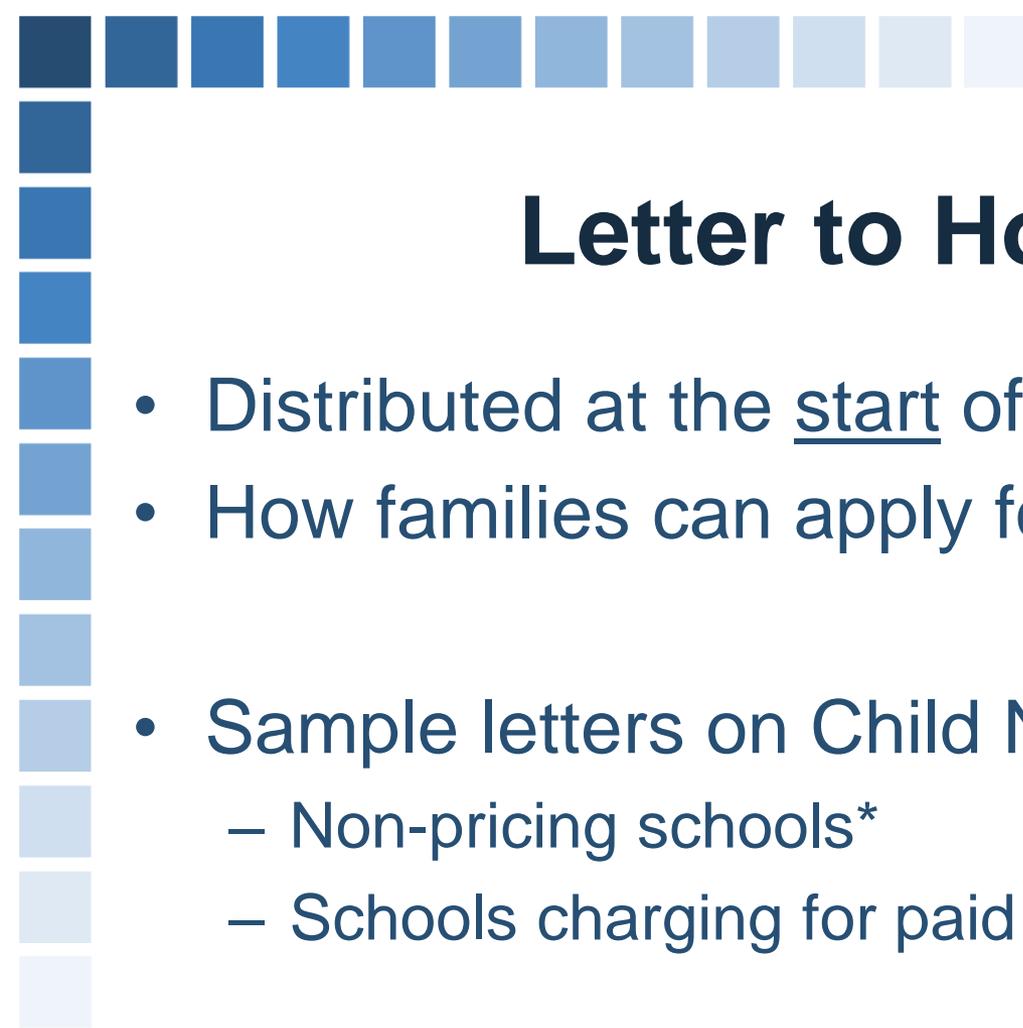
# Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What is proper documentation?







# Letter to Household

- Distributed at the start of each school year
- How families can apply for meal benefits
- Sample letters on Child Nutrition website:
  - Non-pricing schools\*
  - Schools charging for paid meals

\* Opportunity to share the importance of completing a meal benefit application!

# Child Nutrition Webpage

- Student Eligibility & Applications
  - Free and Reduced-Price Applications
  - Income Guidelines
  - Parent letter for F/R meals
  - Eligibility notification letters

Home → Maine Schools → Child Nutrition → Student Eligibility & Applications → Student Eligibility & Applications

Programs

- CNP/WEB/NEO
- Student Eligibility & Applications**
- Meal Benefit App Toolkit
- Financial
- Legal References
- Webinars and Training
- Contacts and Events

## Student Eligibility & Applications

If you have questions regarding Student Eligibility and Applications, please contact a member of the [Child Nutrition staff](#).

### Web-Based Meal Benefit Application

Maine DOE has extended their partnership with Nutri-Link Technologies, Inc. to provide an online meal benefit application through school year 2022. There is no cost to Maine public school districts that participate in the federal Child Nutrition Programs. For more information, email [paula.nadeau@maine.gov](mailto:paula.nadeau@maine.gov).

[A review of traditional NSLP \(15-00\) 3/3/22](#)  
[A review of traditional NSLP \(pdf\)](#)

- Direct Certification
- Free and Reduced Applications**
- Special Milk Program

# Online Meal Benefit Application

- Maine DOE partnership with Nutri-Link to provide online application for Maine school districts
  - available at no charge
- Should see Nutri-Link on computer
- Email [sarah.d.platt@maine.gov](mailto:sarah.d.platt@maine.gov) with questions



# Carryover of F/R Eligibility

- F/R eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.
- New eligibility supersedes carryover eligibility.





# Ways to Determine F/R Eligibility

## 1. Free & Reduced Meal Application

- Income
- Categorical (SNAP, TANF, Foster)

## 2. Direct Certification List

## 3. Migrant/Homeless/Head Start List



# Processing Free & Reduced Meal Applications

- Applications should be processed, and families notified about the results as soon as possible, but no later than **10 calendar days** after being received
- Eligibility becomes effective when the application is received
  - Date stamp and initial upon receipt

# Processing Free & Reduced Meal Applications

*Applications are taken at face value!*

1 F R D  
=FP

**SY 2024 HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS**

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [\[enter web address for online application if applicable\]](#)

**STEP 1: STUDENT INFORMATION:** List all students that live in the household

Student Last Name	Student First Name	School	Twice Child <input type="checkbox"/>	Homeless/Eligible <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: ASSISTANCE PROGRAMS:** Do any members of the household (including you) currently participate in SNAP, TANF or FDIPIR assistance? If NO, go to STEP 3. If YES, write the case number and name of the person receiving these benefits. Do not complete STEP 3. Name: \_\_\_\_\_ SNAP or TANF Number  **Later**

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed. By entering '0' or leaving any fields blank, you certify (promise) there is no income to report.

Name  Household Member (include students listed above)	Earnings from Work before Deductions	Gross Income (before deductions)						Pension, Retirement, Social Security & All Other Income					
		Weekly	Every 2 weeks	Monthly	Weekly	Every 2 weeks	Monthly	Weekly	Every 2 weeks	Monthly	Weekly	Every 2 weeks	Monthly
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<b>TOTAL HOUSEHOLD SIZE:</b>													

**STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)**

I am certifying that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that certain officials may verify (check) this information. I am aware that if I provide false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Annual Income Category: Weekly \$ 52, Every 2 weeks \$ 26, Twice a month \$ 26, Monthly \$ 92

Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Deaf \_\_\_\_\_ Categorically eligible Free \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





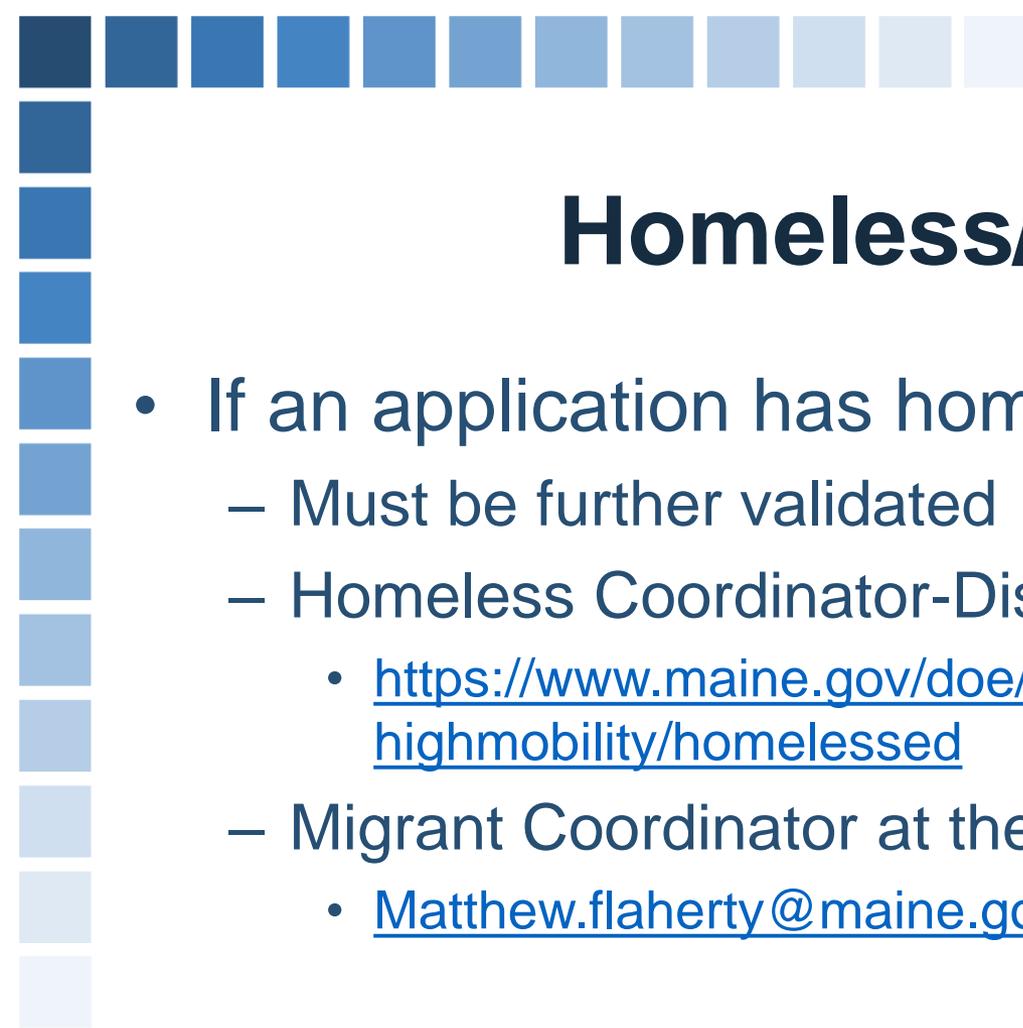
# Categorical Eligibility

## Student/Household Receives Benefits from an Assistance Program:

- SNAP/TANF
  - Directly Certified
- } Eligibility is extended to the entire household.

## Other Source Categorical

- Head Start
  - Migrant
  - Homeless
  - Foster Children
- } Eligibility is NOT extended to the entire household.



# Homeless/Migrant

- If an application has homeless/migrant checked
  - Must be further validated
  - Homeless Coordinator-District level
    - <https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed>
  - Migrant Coordinator at the State of Maine
    - [Matthew.flaherty@maine.gov](mailto:Matthew.flaherty@maine.gov)
- Might be listed on the Direct Certification list.



# Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their Free benefit is not extended to other household members
- Other members in household approved based on household income

# F/R Applications: Categorical Eligibility

F R D  
 EP

## SY 2024 HOUSEHOLD APPLICATION FOR FREE & REDUCED-PRICE SCHOOL MEALS

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: [\[enter web address for online application if applicable\]](#)

**STEP 1: STUDENT INFORMATION:** List all students that live in the household

Student Last Name	Student First Name	School	Foster Child	Homeless/Migrant
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: ASSISTANCE PROGRAMS:** Do any members of the household (including you) currently participate in SNAP, TANF or FDPIR assistance? If NO, go to STEP3. If YES, write the case number and name of the person receiving these benefits. Do not complete

STEP 3. Name: \_\_\_\_\_

\_\_\_\_\_  
SNAP or TANF Number      Letter

# F/R Applications: Categorical Eligibility

## Acceptable:

- 8 numbers & a letter

## Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

F R D  
 EP

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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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Name: \_\_\_\_\_

\_\_\_\_\_   
SNAP or TANF Number Letter



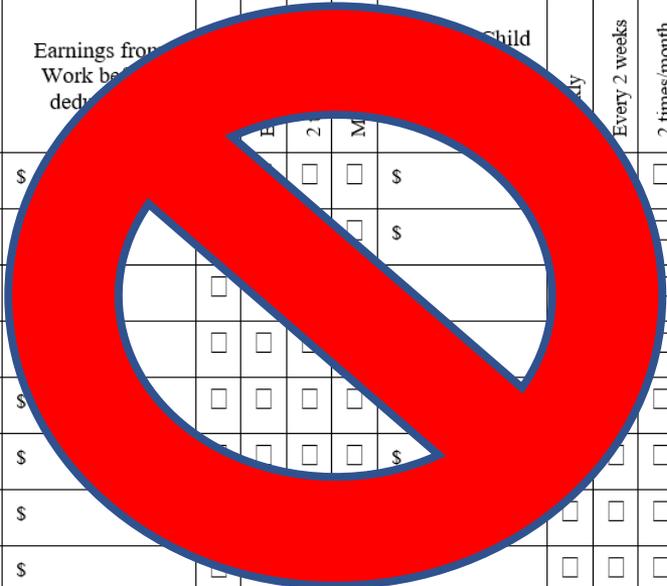
# F/R Applications: Categorical Eligibility

Do not look at income

Except for a foster child w/ other siblings

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed. **By entering '0' or leaving any fields blank, you certify (promise) there is no income to report.**

Names  Household Member (include students listed above)	Gross Income (before deductions)												
	Earnings from Work before deductions			Child	Student	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
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**TOTAL HOUSEHOLD SIZE:**

# F/R Applications: Categorical Eligibility

## STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

**Signature of Adult:** \_\_\_\_\_ **Last 4 Digits of Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  **I do not have a Social Security Number**

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# F/R Applications: Income

F R D  
 EP

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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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STEP 3. Name: \_\_\_\_\_

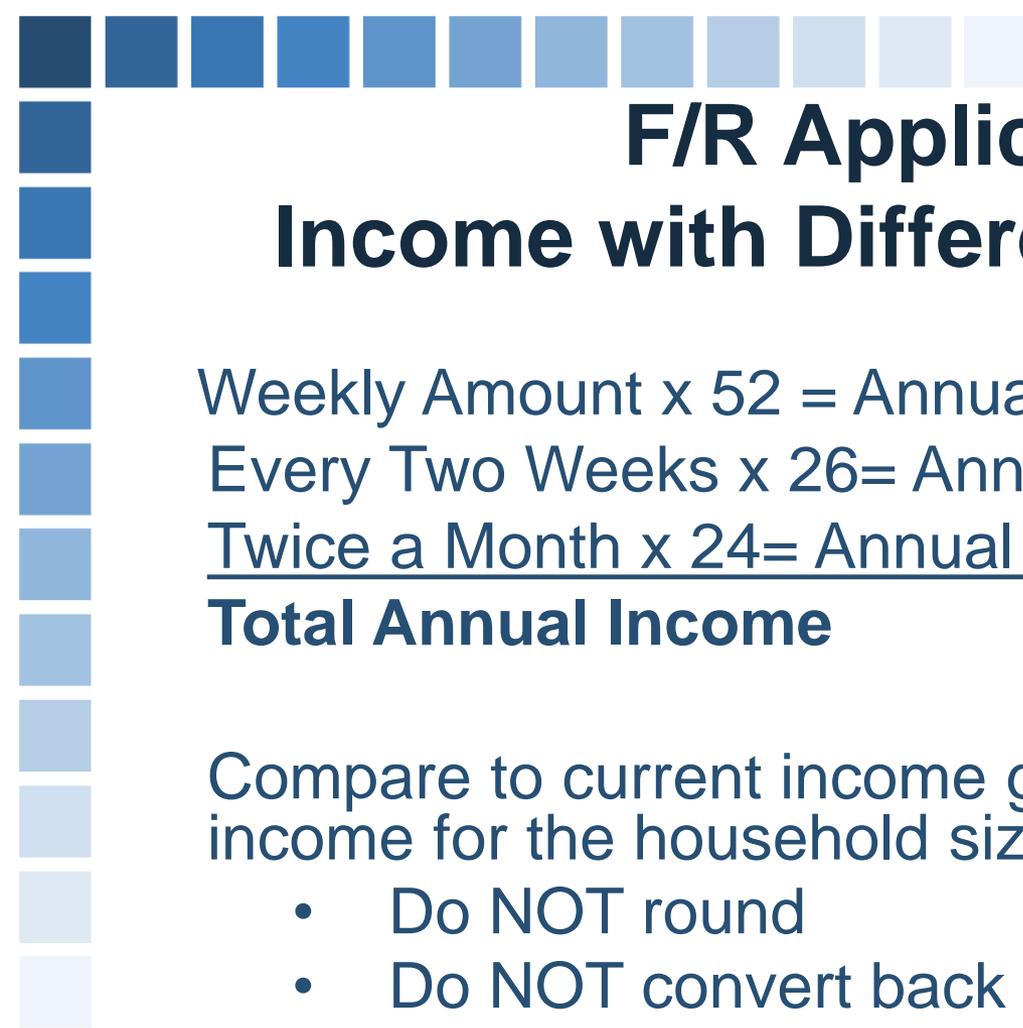
\_\_\_\_\_  
 SNAP or TANF Number Letter

# F/R Applications: Income

**STEP 3: HOUSEHOLD INCOME:** List all Household Members including yourself & students listed above and gross income for each person listed. **By entering '0' or leaving any fields blank, you certify (promise) there is no income to report.**

Names  Household Member (include students listed above)	Gross Income (before deductions)												
	Earnings from Work before deductions				Welfare, Child Support, Alimony received				Pensions, Retirement, Social Security & All Other Income				
	Weekly	Every 2 weeks	2 times/month	Monthly	Weekly	Every 2 weeks	2 times/month	Monthly	Weekly	Every 2 weeks	2 times/month	Monthly	
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<b>TOTAL HOUSEHOLD SIZE:</b>													

- Names of ALL household members
- Income from all sources and frequency



# F/R Applications: Income with Different Frequencies

Weekly Amount x 52 = Annual \$

Every Two Weeks x 26 = Annual \$

Twice a Month x 24 = Annual \$

## **Total Annual Income**

Compare to current income guidelines for ANNUAL income for the household size

- Do NOT round
- Do NOT convert back to monthly income

No conversion is required when:  
one source of income is listed

All income sources are the same frequency

# Income Guidelines

2023-2024 INCOME GUIDELINES												
Household Size	FREE						REDUCED					
	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	18,954	1,580	790	729	365	1	26,973	2,248	1,124	1,038	519	1
2	25,636	2,137	1,069	986	493	2	36,482	3,041	1,521	1,404	702	2
3	32,318	2,694	1,347	1,243	622	3	45,991	3,833	1,917	1,769	885	3
4	39,000	3,250	1,625	1,500	750	4	55,500	4,625	2,313	2,135	1,068	4
5	45,682	3,807	1,904	1,757	879	5	65,009	5,418	2,709	2,501	1,251	5
6	52,364	4,364	2,182	2,014	1,007	6	74,518	6,210	3,105	2,867	1,434	6
7	59,046	4,921	2,461	2,271	1,136	7	84,027	7,003	3,502	3,232	1,616	7
8	65,728	5,478	2,739	2,528	1,264	8	93,536	7,795	3,898	3,596	1,799	8
Additional	6,682	557	279	257	129		9,509	793	397	366	183	

# F/R Applications: Adult Signature

## STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER *(required)*

*I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Signature of Adult: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

# F/R Applications: Ethnic & Racial Data

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**STEP 5: *Optional* CHILDREN'S ETHNIC and RACIAL IDENTITIES** You are **not required** to answer this question.

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - Other
- 

Must be on every application  
Optional for households to fill out

# F/R Applications: Approval/Denial

**\* FOR SCHOOL USE ONLY \***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

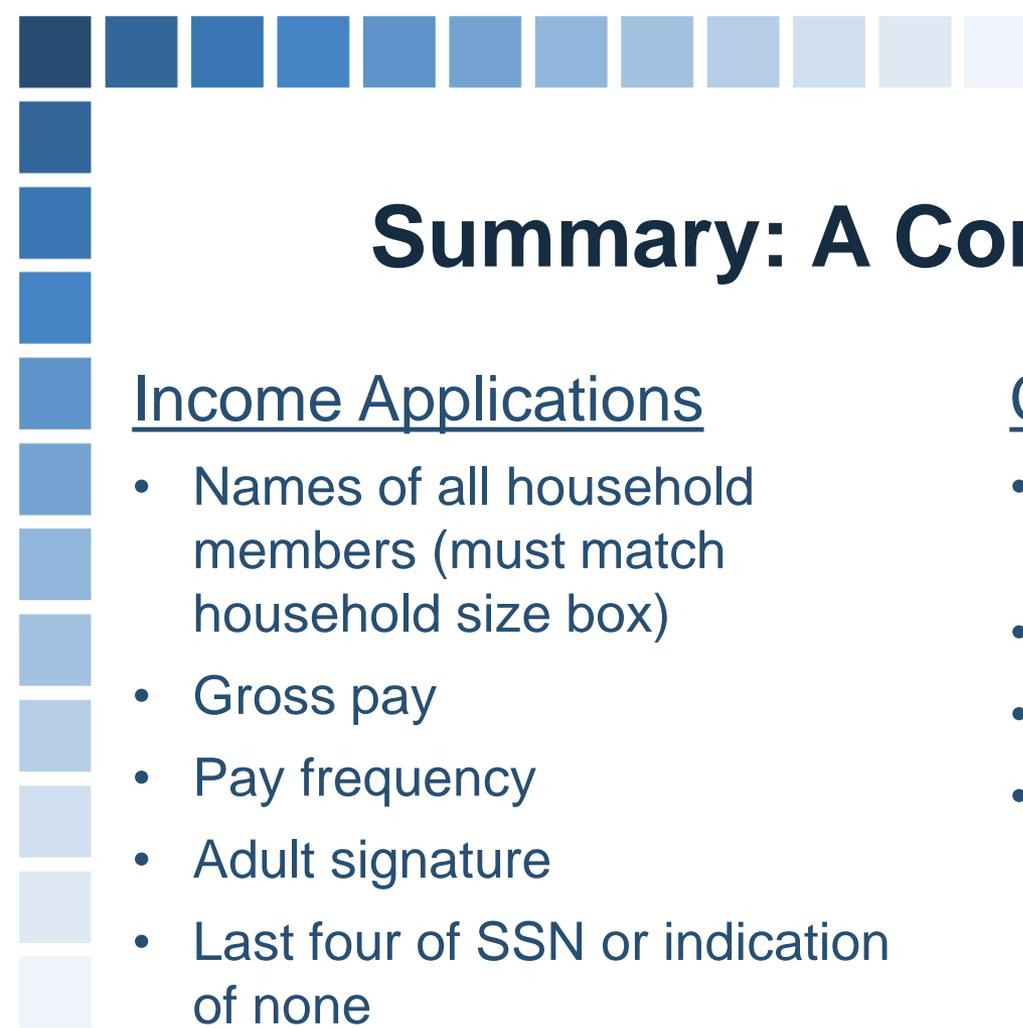
Total Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Categorically eligible free: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification - Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Determining Official – who processed the application **John Smith**
- Verification Official – who verified the application **John Smith**
- Hearing Official – not connected with the eligibility determination **Betty Jones**
- Application Confirming Official - **Harvey Bixby**

3 Different Individuals



# Summary: A Complete Application

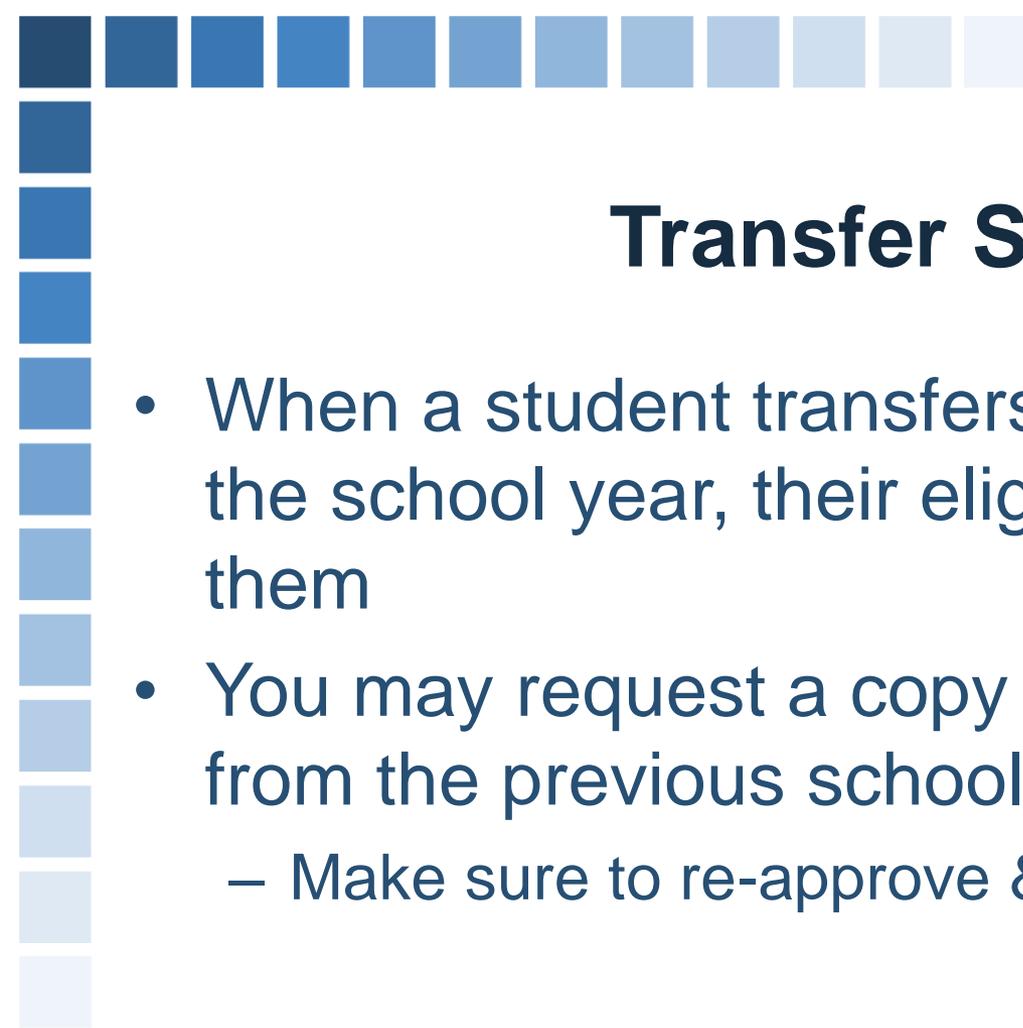
## Income Applications

- Names of all household members (must match household size box)
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

## Categorical Applications

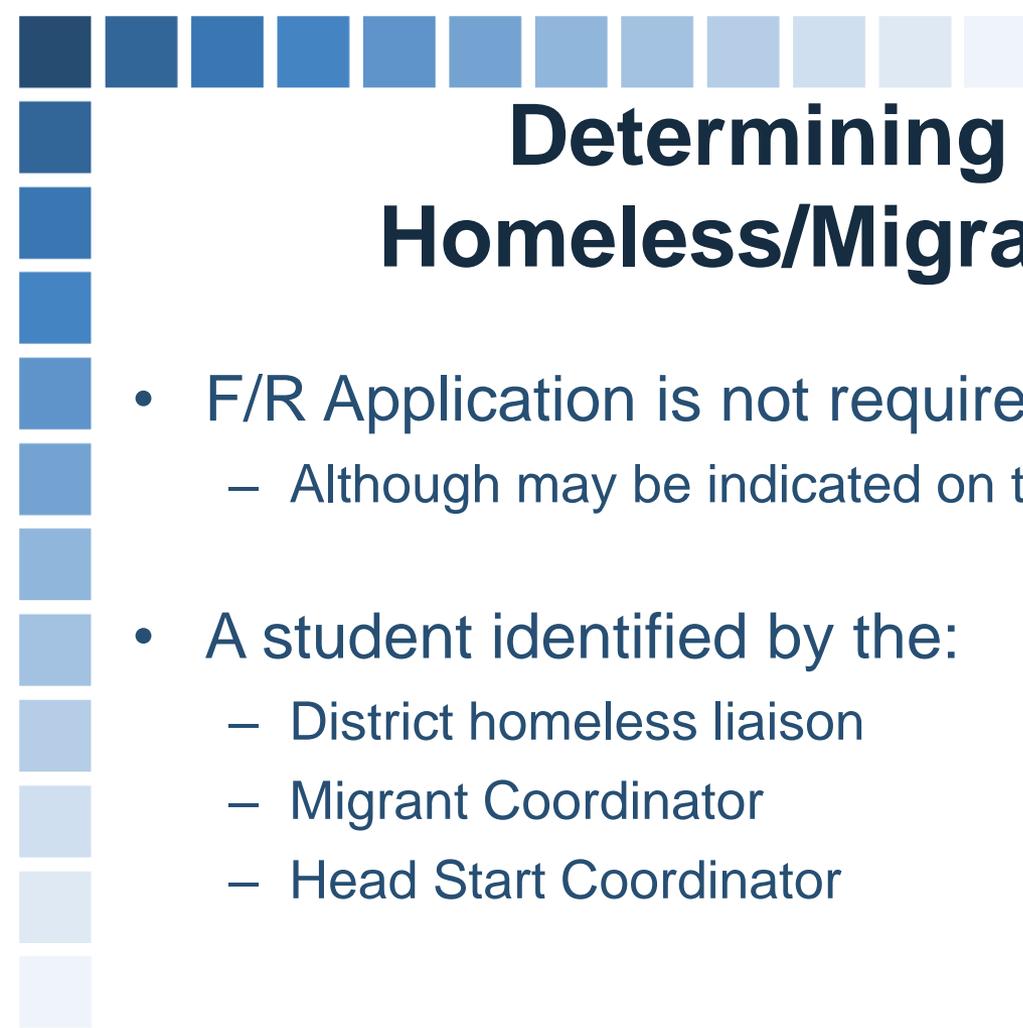
- Names of all children in the household
- SNAP/TANF # (correct format)
- Indication of Foster
- Adult signature

\*If 'homeless' is indicated you must follow up with your homeless liaison for documentation.



# Transfer Students

- When a student transfers schools throughout the school year, their eligibility transfers with them
- You may request a copy of their f/r application from the previous school
  - Make sure to re-approve & sign!



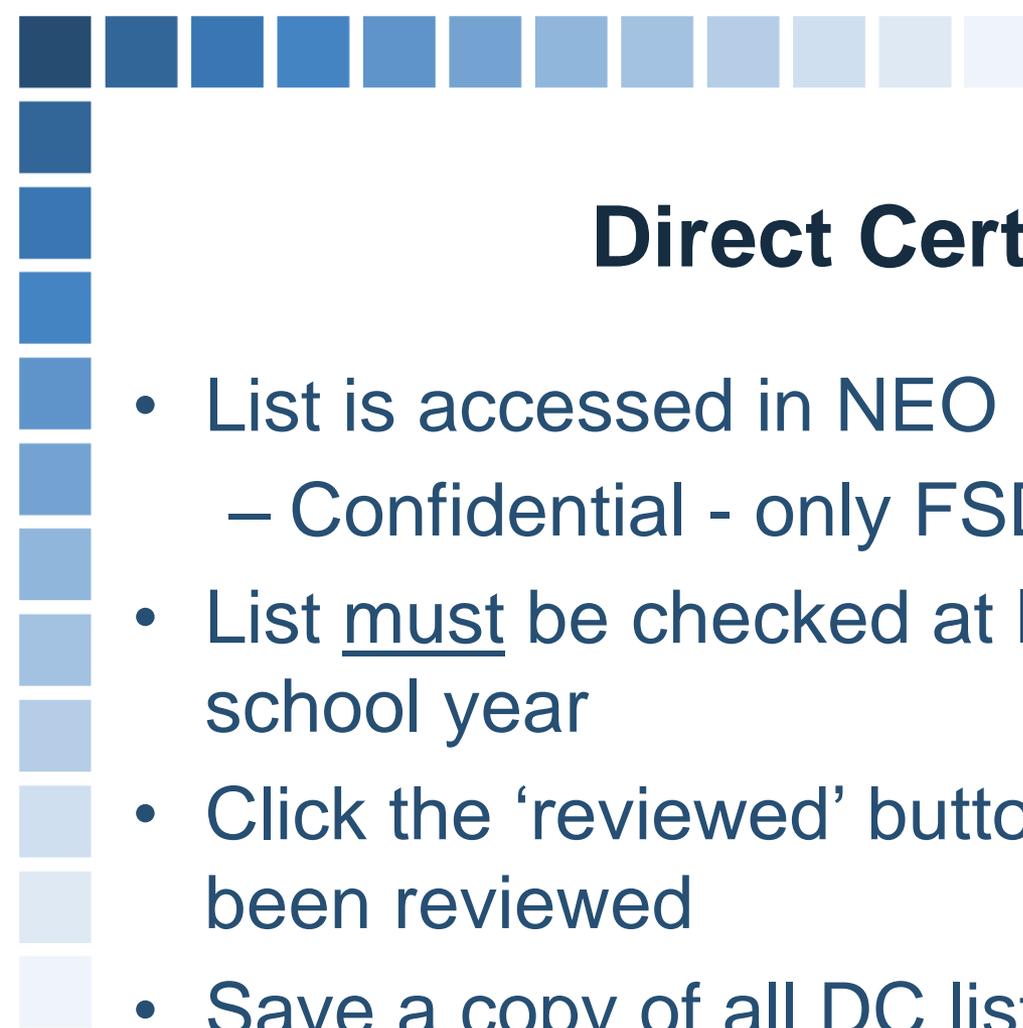
# Determining Eligibility: Homeless/Migrant/Head Start

- F/R Application is not required
  - Although may be indicated on the application
- A student identified by the:
  - District homeless liaison
  - Migrant Coordinator
  - Head Start Coordinator
- **Categorically eligible for Free meals**

# Determining Eligibility: Direct Certification

- The GOLD standard for eligibility
- Assistance Programs - eligible for free meals
- Benefit extended to household
- Eligibility valid for entire school year
- Takes precedence over an application
- Families must be notified



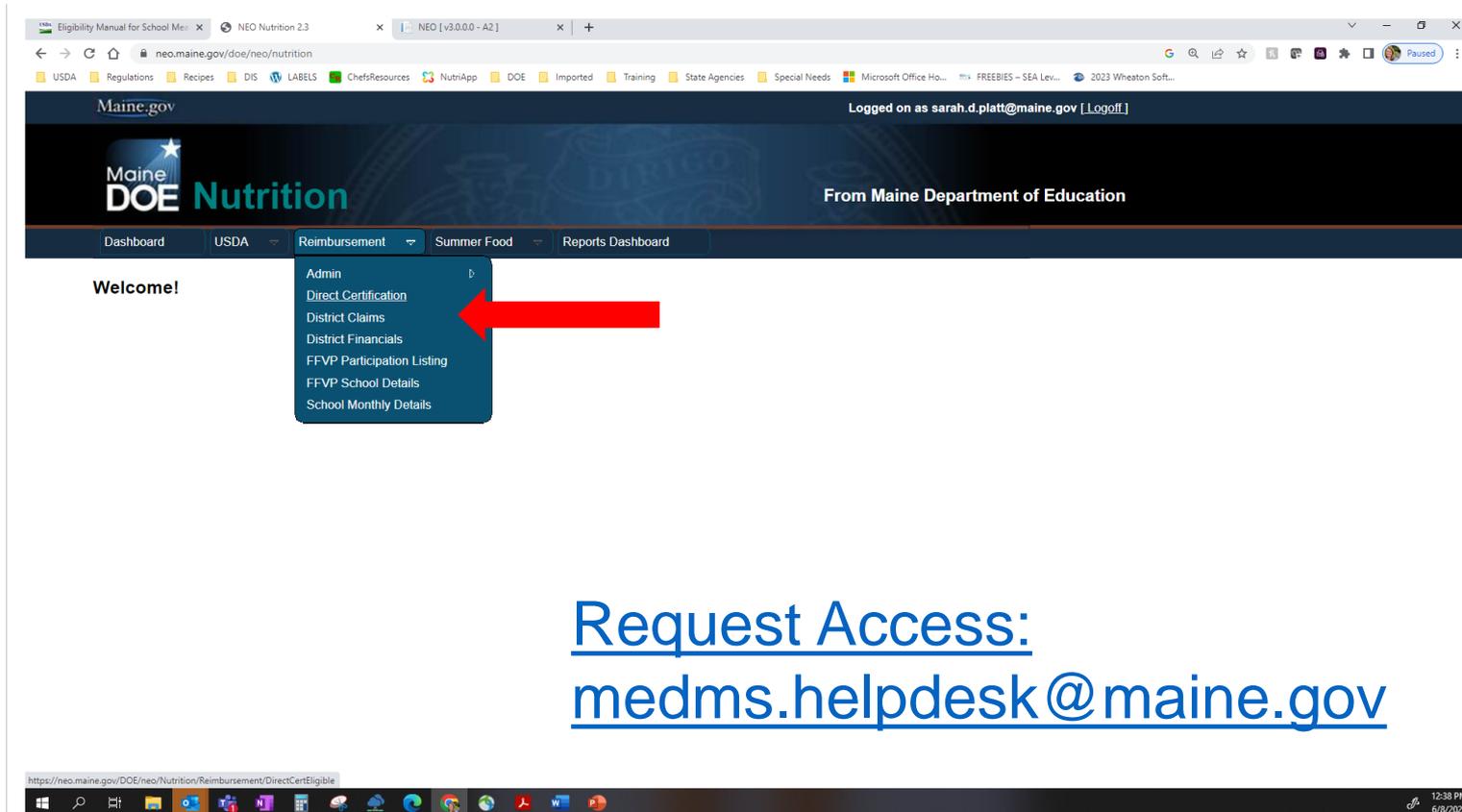


## Direct Certification

- List is accessed in NEO
  - Confidential - only FSD and Superintendents
- List must be checked at least 3x throughout school year
- Click the 'reviewed' button to certify that it has been reviewed
- Save a copy of all DC lists! Printed or electronic

# NEO: Direct Certification (DC)

[www.neo.maine.gov](http://www.neo.maine.gov)



The screenshot shows a web browser window displaying the NEO Direct Certification (DC) page. The browser address bar shows the URL [neo.maine.gov/DOE/neo/Nutrition](http://neo.maine.gov/DOE/neo/Nutrition). The page header includes the Maine DOE Nutrition logo and the text "From Maine Department of Education". The user is logged in as sarah.d.platt@maine.gov. The navigation menu includes Dashboard, USDA, Reimbursement, Summer Food, and Reports Dashboard. The Reimbursement menu is expanded, showing options: Admin, Direct Certification, District Claims, District Financials, FFVP Participation Listing, FFVP School Details, and School Monthly Details. A red arrow points to the Direct Certification option. The page content includes a "Welcome!" message. The browser's taskbar at the bottom shows the system tray with the time 12:38 PM and date 6/8/2022.

[Request Access:](#)  
[medms.helpdesk@maine.gov](mailto:medms.helpdesk@maine.gov)

# NEO: Direct Certification (DC)

Date Added	Student ID	Student Name	BirthDate	Case Head Name	DHS Case ID	DHS Town Name	SNAP/TANF	Enrollment Start	Enrollment End
7/7/2020	130019498	SMITH, JOSEPH	4/5/2003	SMITH, HELEN	80376133A	Machias	F	9/3/2019	6/4/2020
7/7/2020	130019465	ALLEN, HARVEY	4/27/2016	ALLEN, ZACH	15885093A	Machias	H	9/3/2019	6/4/2020
7/7/2020	150019654	ZAZUCUS, ZOE	10/30/2013	ZAZUCUS, ABBY	04583373A	Machias	S	9/3/2019	6/4/2020

Export to Excel

Date Added	Student ID	Student Name
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- S-SNAP
- T-TANF
- B-both SNAP & TANF
- M-Migrant
- F-Foster
- H-Homeless

[Individual Student Search](#)

You must select the button below to certify the list has been reviewed as required by Federal Regulations.

Reviewed

# Duration of Eligibility



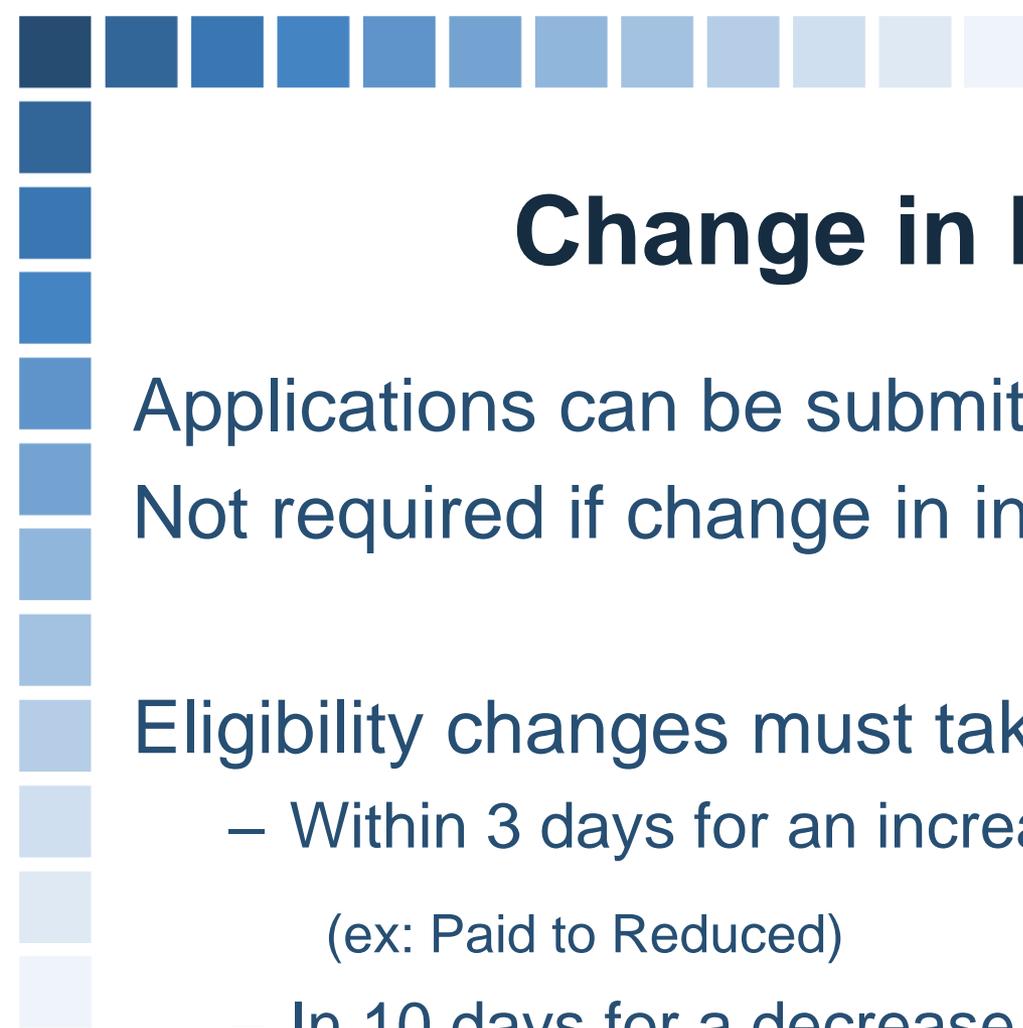
Eligibility is good for the entire school year



AND



the first 30 *operating days* of the next school year



# Change in Eligibility

Applications can be submitted anytime.  
Not required if change in income.

Eligibility changes must take place:

- Within 3 days for an increase in benefits  
(ex: Paid to Reduced)
- In 10 days for a decrease in benefits  
(ex: Free to Paid)

# Notification of Eligibility

## NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

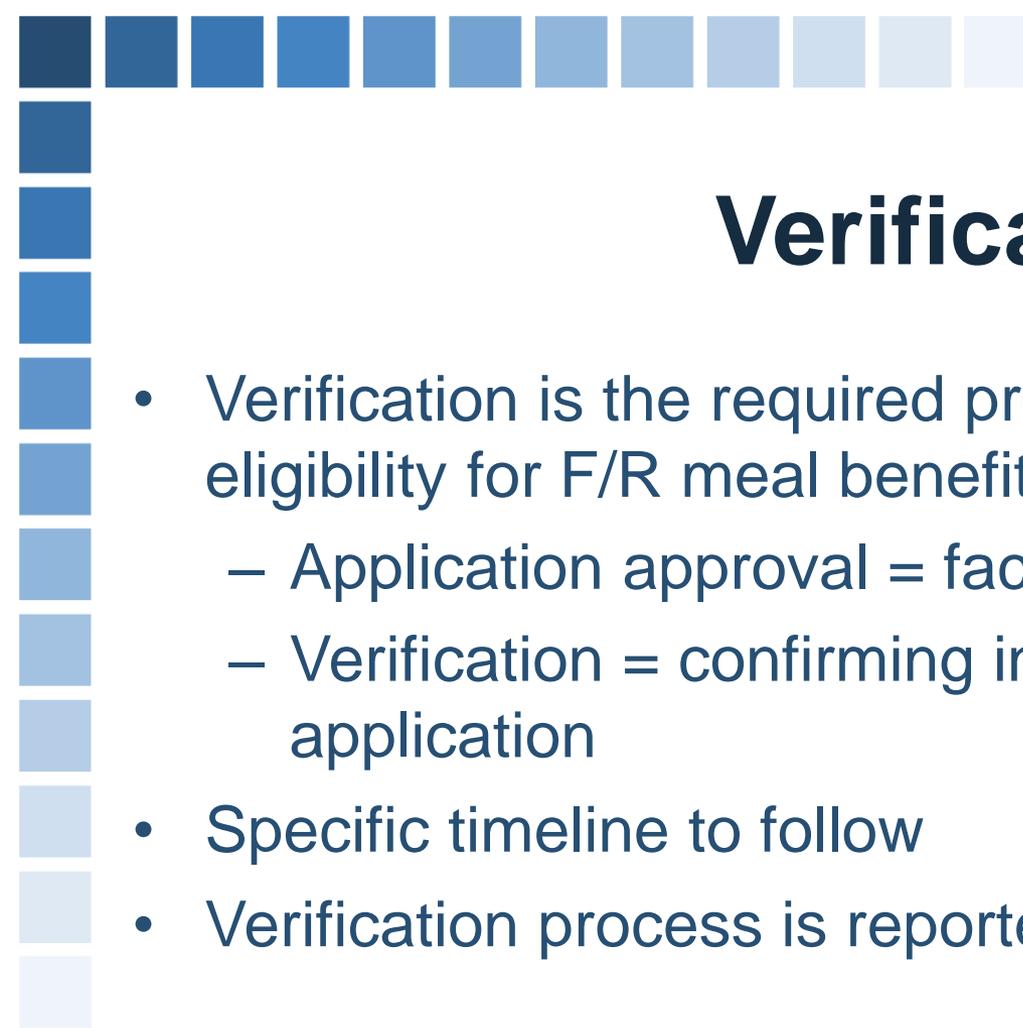
Your application for free or reduced-price meals for your child(ren) has been:

- Approved for applicable programs listed below (check all that apply)
  - Free Lunches
  - Free Breakfasts
  - Free After School Snacks
  - Reduced price lunches at \$ \_\_\_\_\_ per meal
  - Reduced price breakfast at \$ \_\_\_\_\_ per meal
  - Reduced price After School Snacks at \$ \_\_\_\_\_ per snack
- Denied because:
  - Household income is over the amount allowable.
  - The application is missing \_\_\_\_\_.
- Other \_\_\_\_\_.

You may appeal this decision by contacting the Hearing Official, \_\_\_\_\_ at (phone/email of Hearing Official) \_\_\_\_\_.

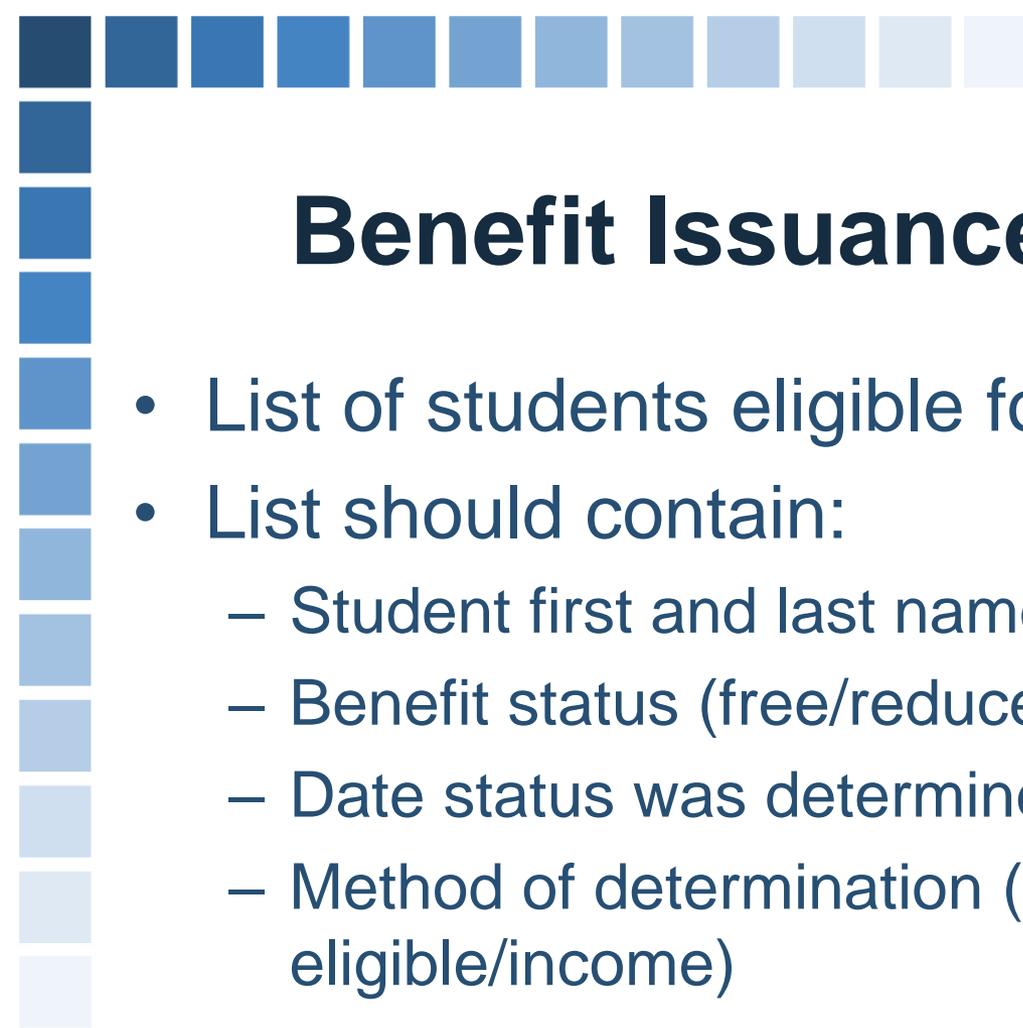
Sincerely,  
[Signature of Approving Officer]

\_\_\_\_\_



# Verification

- Verification is the required process of confirming eligibility for F/R meal benefits
  - Application approval = face value
  - Verification = confirming income reported on application
- Specific timeline to follow
- Verification process is reported in CNP web
- Verification training - in person and webinar recording



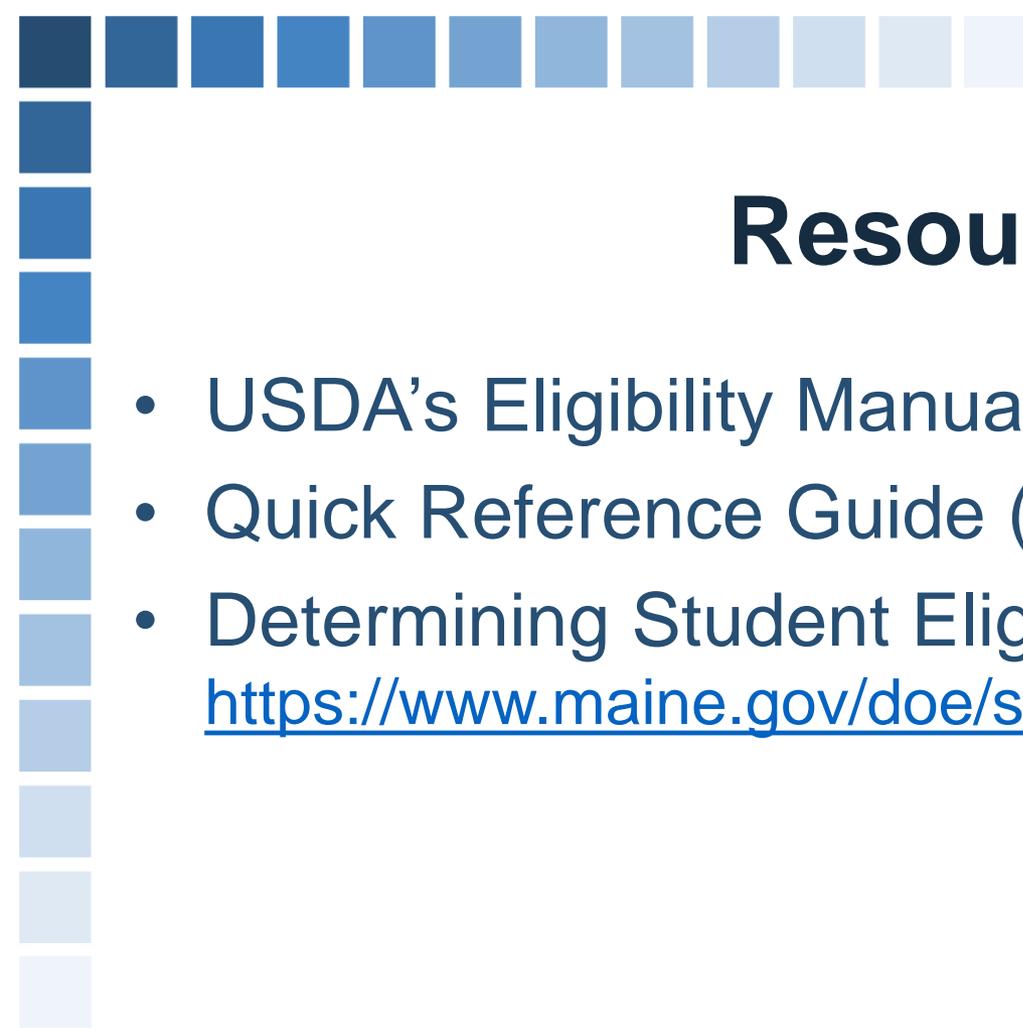
# Benefit Issuance (Master) List

- List of students eligible for F/R meals
- List should contain:
  - Student first and last name
  - Benefit status (free/reduced/paid)
  - Date status was determined
  - Method of determination (DC/categorically eligible/income)
  - School name
  - Changes

# Confidentiality

- Student eligibility information is **CONFIDENTIAL**
- May share aggregate data
- Eligibility information may not be shared without written parental permission
  - Sharing information form
- May share with another Child Nutrition Programs
  - Disclosure Chart in Eligibility Manual





# Resources

- USDA's Eligibility Manual for School Meals
- Quick Reference Guide (handout)
- Determining Student Eligibility video:  
<https://www.maine.gov/doe/schools/nutrition/training>

# Questions?

